

**City of Blue Lake Parks & Recreation
2012 Youth Sports Clinics**

REGISTRATION FORM

NAME OF CHILD: _____ AGE: _____

PARENT/GUARDIAN: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Youth Sports Clinics. I understand that this waiver of liability protects the City of Blue Lake, its Parks & Recreation Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending Youth Sports Clinics, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Youth Sports Clinics.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PROGRAM INFORMATION

General Information: Youth Sports Clinics is a fun and exciting youth recreation program taking place at Prasch Hall. Activities focus on beginning fundamentals, team work, rules of the game, sportsmanship and fun!

Program Days/Hours: Youth Sports Clinics are offered 8 consecutive Fridays beginning September 28th and ending on November 16th, 4:30- 6:00 p.m. Clinics will lead into a Thanksgiving Break Sports Camp!

Program Fees: \$6 per clinic or \$40 for all 8 clinics!

PROGRAM REGISTRATION (Please check the appropriate circles you would like to register for)

- ☐ September 28
- ☐ October 5
- ☐ October 12
- ☐ October 19
- ☐ October 26
- ☐ November 2
- ☐ November 9
- ☐ November 16

Please list all persons allowed to pick up your child below, including yourself:

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.

For Office Use Only

Registration Fees: Paid \$ _____ Date Paid: _____ Check Number(s) _____ (If cash, write "cash")